

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

**Cambia Health Solutions Inc. PAC**

ADDRESS (number and street)

200 SW Market ST



(Check if address is changed)

PO Box 1271/MS E12C

Portland

CITY ▲

OR

STATE ▲

97207-1271

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

sean.robbins@cambiahealth.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY  
07 / 27 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00252684

4. IS THIS STATEMENT ☐

NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sean M. Robbins

Signature of Treasurer

Sean M. Robbins

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)